

**POWER OF ATTORNEY
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INDICATION FORM**

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Application Number	10/501,973
Filing Date	July 15, 2004
First Named Inventor	John SCHICKLER
Title	Warranty Claim Preparation System
Art Unit	3626
Examiner Name	Pass, Natalie
Attorney Docket No.	53493.001008

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

21967Practitioners associated with the **CUSTOMER NUMBER:****OR**

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature

John Schickler

Date

9/19/08

Typed or Printed Name

John Schickler

Telephone

585 236 0375

Title and Company

FleetCross Holdings Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



*Total of 1 forms are submitted.